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imported. When the infection has reached this country, local action in such districts is taken more or less under the influence of panic. It is precipitate, costly, and ineffective. The only means of establishing a state of thorough preparedness is by the steady performance from year to year of statutory duty. In the case of cholera, a pure water supply, the provision of proper conveniences, their care and cleansing, systematic public scavenging, and all measures tending to the prevention of excremental nuisance are of prime importance.

With regard to hospital accommodation for cases of cholera, the board takes this opportunity of stating that local authorities who have provided hospitals for the use of the inhabitants of their district suffering from the ordinary infectious diseases may, with safety, under proper supervision, set aside an isolated portion for the reception of cases of cholera. It is to be remembered, however, that persons suffering from this rapidly progressing and exhausting disease can not be transported to any distance without injury, and that the risk of the dissemination of infective matters during transport is great.

A copy of this circular has been sent to the medical officer of health for his information.

G. FALCONAR-STEWART,
Secretary.

The CLERK OF THE LOCAL AUTHORITIES.

VENEZUELA.

Yellow fever and smallpox in Valencia.

LA GUAIRA, VENEZUELA, *August 25, 1902.*

SIR: I have just been informed that yellow fever and smallpox exist in Valencia, Venezuela. To exactly what extent, I don't know, as the authorities here publish no information on the condition of public health.

Valencia is in communication between the said town and Caraças and La Guaira; also between Puerto Cabello and Valencia. I believe precautions should be taken to prevent introduction of these diseases, particularly into Porto Rico.

In view of this I have to-day written to Dr. Mathewson of the Public Health and Marine-Hospital Service in San Juan, giving him what information I had on the subject.

Respectfully,
LOUIS GOLDSCHMIDT,
United States Consul.

The SECRETARY OF THE TREASURY.

Foreign and insular statistical reports of countries and cities—Yearly and monthly.

ARGENTINA—*Buenos Ayres.*—Month of June, 1902. Estimated population, 800,000.. Total number of deaths, 1,144, including diphtheria, 11; enteric fever, 19; measles, 1; scarlet fever, 15; smallpox, 3, and 143 from tuberculosis.

AUSTRALIA—*Queensland*—*Brisbane.*—Month of May, 1902. Estimated population, 119.428. Total number of deaths, 124, including enteric fever, 2, and 9 from plague.

New South Wales—Sydney.—Month of June, 1902. Estimated population, 383,386. Total number of deaths, 467, including diphtheria, 4;

enteric fever, 4; scarlet fever, 2; whooping cough, 1, and 3 from bubonic plague.

CANADA—*Manitoba—Winnipeg.*—Month of August, 1902. Estimated population, 45,156. Number of deaths not reported. One death from diphtheria, 1 from measles, and 1 from enteric fever reported.

CHILE—*Antofagasta.*—Month of July, 1902. Estimated population, 16,000. Total number of deaths, 64, including 8 from tuberculosis.

CHINA—*Amoy.*—Two weeks ended July 26, 1902. Estimated population, 250,000. Number of deaths not reported. One hundred and thirty deaths from cholera reported.

GIBRALTAR.—Two weeks ended August 10, 1902. Estimated population, 27,460. Total number of deaths, 25. No deaths from contagious diseases reported.

GREAT BRITAIN—*England and Wales.*—The deaths registered in 76 great towns in England and Wales during the week ended August 16, 1902, correspond to an annual rate of 15.5 per 1,000 of the aggregate population, which is estimated at 14,862,456.

London.—One thousand three hundred and eighty-five deaths were registered during the week, including measles, 28; scarlet fever, 11; diphtheria, 21; whooping cough, 43; enteric fever, 9; smallpox, 5, and diarrhea, 118. The deaths from all causes correspond to an annual rate of 15.8 per 1,000. In Greater London 1,882 deaths were registered. In the "outer ring" the deaths included 4 from diphtheria, 1 from measles, and 8 from whooping cough.

Ireland.—The average annual death rate represented by the deaths registered during the week ended August 16, 1902, in the 21 principal town districts of Ireland was 17.3 per 1,000 of the population, which is estimated at 1,092,401. The lowest rate was recorded in Galway, viz, 3.9, and the highest in Kilkenny, viz, 34.4 per 1,000. In Dublin and suburbs 145 deaths were registered, including enteric fever, 1; measles, 20; scarlet fever, 1; typhus fever, 1, and 21 from tuberculosis.

Scotland.—The deaths registered in 8 principal towns during the week ended August 16, 1902, correspond to an annual rate of 15.7 per 1,000 of the population, which is estimated at 1,679,923. The lowest mortality was recorded in Leith, viz, 11.9, and the highest in Greenock, viz, 21.2, per 1,000. The aggregate number of deaths registered from all causes was 507, including diphtheria, 1; measles, 9; scarlet fever, 1, and 25 from whooping cough.

ITALY—*Genoa.*—Month of June, 1902. Estimated population, 221,774. Total number of deaths, 371, including diphtheria, 7; enteric fever, 1; measles, 6; scarlet fever, 5; whooping cough, 1, and 52 from tuberculosis.

JAMAICA.—Two weeks ended August 16, 1902. Estimated population, 755,730. Number of deaths not reported.

JAPAN—*Nagasaki.*—Twenty days ended August 10, 1902. Estimated population, 131,700. Total number of deaths not reported. Two deaths from enteric fever and 25 deaths from cholera reported.

SPAIN—*Valencia.*—Two weeks ended August 15, 1902. Estimated population, 204,000. Total number of deaths, 225, including enteric fever, 9, and 1 from smallpox.